U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFLE	JLLY BEFORE PREPARING THIS REPORT.
File Number U 2202	2. Fiscal Year Covered From:
e Management of America Ad	01/61/511 Through: 13/31/2004
Name and address of person filing.	Name, file number, and address of labor organization.
ame DANIEL S KOLSTR	Name BC16M LOCAL #19
•	Labor Organization File Number :033-303
O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1870 E 1954	Street 1870 EAUT 19 ST
CIEVEIAND	City Clevelono
State 0410 ZIP Code + 4 4/4/1/4	State OH ZIP Code + 4 74/14
Position in labor organization. Recollows	Secretary
. Held an interest in, engaged in transactions (ncluding loans) with, conetary value from an employer whose employees your organize. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	NONE
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
\$	Signature
The undersigned coclores, under narial	y of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing DANIEL 5 KOLMIC)	File Number U-		
B. Held an interest in or derived income or economic penefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Shill Sold Sold Sold Sold Sold Sold Sold So	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name CSAT PENSION Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1870 E. 957 City Cleveland State ZIP Coxie + 4 44/7/1/	11.b. Approximate dollar va 12.a. Nature of interest he DINNER FO SPONSORE TOWN	LICITIEN FUND THAT LICENTE IN Such dealing. Side or income received. SIR STAFF AT TRUST PLO EVENT OUT DF		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations. Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State 2 IP Code + 4	or other thing of value. 14.a. Nature of payment.	District for the second		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment			

War of Dames Silver Daniel 1 1 1/0/000	Fits Number U-			
Name of Person Filing DANIEL S. KOLME				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name BREET LOCAL GER WILL Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 1870 E 19 ET City Cleverand State ZiP Code + 4 Zignight	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name SP PENSIVA FLOW Trade Name, if any: P.O. Box, Bidg., Room No., if any Street STO F. 19 37. City Cleve pour State ZIP Code + 4 79/1.4	11.a. Nature of such dealing I AFT HARTLEY FUND THAT I PRETICIPATE IN: 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. POST - HOLIDAY LUNCHEON MEETING 12.b. Amount.			
C. Received from any employer (other than an employer covered und	er parts A and B above)			
or from any labor relations consultant to an employer any payment of mone	y or other thing of value.			
13.a. Name and address of Employer or Labor Relation's Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code: + 4	14.a. Nature of payment. Noove			
13.b. Is the Business an Employer	14.b. Amount of payment.			

DANIEL S. KOLAR File Number U-Name of Person Filing B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. TRUST 9. Business deals with: 8. Name and address of Business (including trade name, if any). Name INDERENDENT FIREURY SERVICES a. Labor Organization P.O. Box, Bldg., Room No., if any 50,48 125 c. Employer ZIP Code + 4 2000 5 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. INVESTMENT ADVISOR Name CBAT HOW AND PRINCIPAL TUNDS Trade Name, if any: P.O. Box, Bldg., Room No., if any 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. MEAL, LUNCH, AND ACTIVITIES SPONSORED BY CLIENT CONFERGNCE 661.70 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). NONE Trade Name, if any: P.O. Box, Bldg., Room No., if any Street : ZIP Coce + 4 14.b. Amount of payment. 13.b. Is the Business an Employer or Consultant

DANIEL S. KOLAR File Number U-Name of Person Filing B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name (BT PENSION FUND a. Labor Organization Trade Name, if any: 3 P.O. Box, Bldg., Room No., il any Street /870 E. 1957
City Cleveland 🧜 c. Employer State CH ZIP Code + 4 44/14 11.a. Nature of such dealing 10. If 9.b. or 9.c. is checked give trust or employer's name. PENSION TRUST EMPLOYED OF FUND Name CBT PENSION ENOUL Trade Name, if any: P.O. Box, Bidg., Room No., if any Street /870 EAST /9 51 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. NET PER. DIEM EXPENSES While ATTENDING NATIONAL LABOR MANAGEMENT CONFERENCE 12.b. Amount. C. Received from any emptoyer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). NONE Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4 14.b. Amount of payment. 13.b. Is the Business an Employer or Consultant

Name of Person Filing DANIEL S. KOLIM	File Numb	er U-		
B. Held an interest in or derived income or economic benefit with monetary value	e from a business (1) a			
substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name BAILD ASSET	a. Labor Organization			
Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street 777 EAST WISCONS IN AUR	Value			
city Milwaukee				
State WI ZIP Code + 4 53202				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	and the second s		
Name CBOIT FENSION GLOSED	INVESTMENT	1776K		
Trade Name, if any:	1			
P.O. Box, Bldg., Room No., if any				
Street 1870 E. 19 81	11.b. Approximate dollar value of such	dealing. 76,320		
City Clevelain	con No. 1 Control bold as ison	no received		
City Cleive //8/00	12.a. Nature of interest held or incom	C A . C A . A . A . A . A . A . A . A .		
State OH ZIP Code + 4 . 44/14.	VENDOR SPON	SORED DINNER		
	VENDOR SPON AND DISCUSSI	SORED DINNER		
	VENDOR SPON	SORED DINNER		
	VENDOR SPON	SORED DINNER		
	VENDOR SPON	SORED DINNER		
State ZIP Code + 4 4 4/14	VENDOR SPON AND DISCUSSI 12.b. Amount.	SORED DINNER		
	VENDOR SPON AND DISCUSSI 12.b. Amount. er parts A and B above)	SORED DINNER		
State ZIP Code + 4 . 44/14.	VENDOR SOON AND DISCUSSI 12.b. Amount. er parts A and B above) or other thing of value. 14.a. Nature of payment.	SORED DINNER		
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	VENDOR SPON AND DISCOSSI 12.b. Amount. er parts A and B above) or other thing of value.	SORED DINNER		
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	VENDOR SOON AND DISCUSSI 12.b. Amount. er parts A and B above) or other thing of value. 14.a. Nature of payment.	SORED DINNER		
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	VENDOR SOON AND DISCUSSI 12.b. Amount. er parts A and B above) or other thing of value. 14.a. Nature of payment.	SORED DINNER		
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	VENDOR SOON AND DISCUSSI 12.b. Amount. er parts A and B above) or other thing of value. 14.a. Nature of payment.	SORED DINNER		
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone) 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	VENDOR SOON AND DISCUSSI 12.b. Amount. er parts A and B above) or other thing of value. 14.a. Nature of payment.	SORED DINNER		
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone) 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	VENDOR SOON AND DISCUSSI 12.b. Amount. er parts A and B above) or other thing of value. 14.a. Nature of payment.	SORED DINNER		

Nama	۸f	Person	Filing
Name	CH.	FELOVII	1 Halitu

ng DANIEL S. KOLAR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherwork an employer whose employees your labor organization represents or is actived any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name CB OF RENS/EN LUND Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 1870 G 19 S City CRECAMO State OM ZIP Code + 4 TYPEN	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name CBAT PENSIUM Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Employ: 07 The Fund
Street	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. FUND SPORTSDRED HOLIDBY LUNCHEORY.
	12.b. Amount. 139.86
C. Received from any employer (other than an amployer covered und or from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Cortle + 4	er parts A and B above) y or other thing of value. 14.a. Nature of payment. /// All to a large of the control
13.b. Is the Business an Employer : or Consultant : ?	14.b. Amount of payment

Name of Person Filing DANIEL S KOLMU	File Number U-
3. Held an interest in or derived income or economic benefit with monetary valuables substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
B. Name and address of Business (including trade name, if any). Name C. J. L.	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4 ZIP Code + 4	Employee Of Pension Anno Anno Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Registration Feeting 7005 LIEBR Confections
	12.b. Amount. 7.60-62
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	er parts A and B above) y or other thing of value. 14.a. Nature of payment.
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	y or other thing of value.

Name of Person Filing DANIELS KOLME		File Number U-
me of Person Piling VIII/ICL S. K. UMIIC		
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the busines vely seeking to represent, or irectly to, or otherwise	ss
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name CROAT FENSION PUND	a. Labor Organiz	ation
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street / 8 / 0		
State ZIP Code + 4		
The second secon	11.a. Nature of such dea	lina
10. If 9.b. or 9.c. is checked give trust or employer's name.		E OF PENSION FUND
Name CBFT FENSION FUUL	<i> ~1"\</i>	
Trade Name, if any:		시 : 그런 속 경기별 경영했다는 게 하는 그 것 사용하는 사용하는 사용하는 것 사용하는 사용하는 사용하는 것이다.
P.O. Box, Bidg., Room No., if any		and the state of t
Street 1870 E 193	11.b. Approximate dollar vi	alue of such dealing.
City Cleveland	12.a. Nature of interest h	eld or income received.
State	KEY1ST K	ald crincome received. DIVIN FEE FOR 2005 ONFERENCE
	NIMEC	empere
	12.b. Amount.	795 60
	J	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	graphically. This provides have been admitted as the provides of the control of t
Name		
Trade Name, if any:	NO	NE
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		т. Эмгертария и принимент (Суминентикий приниментикий приниментикий приниментикий приниментикий приниментикий прин
13.b. Is the Business an Employer or Consultant?	14.b. Amount of paymer	nt. O